

#	Category	Standard	Provisional Standard	Notes/Comments
1	Service Definition/ Required Components	<p>Activities necessary to allow individuals with mental illness or co-occurring mental illness and substance use disorders to live with maximum independent in the community. Activities are intended to assure successful community living through utilization of skills training as identified in the individual's treatment plan. Skills training is designed to reduce mental disability and restore the recipient to his best possible functional level. Consists of using a variety of psychiatric rehabilitation techniques to improve daily living skills (hygiene, meal preparation, medication adherence), self-monitoring of symptoms and side effects, emotional regulation skills, crisis coping skills and developing and enhancing interpersonal skills.</p> <p>Should include at least one of the following services: Skills training, cueing or supervision as identified in the individualized treatment plan; Medication adherence and recognizing symptoms and side effects; Non-clinical but therapeutic behavioral intervention, support and skills training; Assistance in accessing and utilizing community resources; Emotional regulation skills; Crisis coping skills; and Developing and enhancing interpersonal skills.</p> <p>Can include teaching and modeling such skills as the following: routine household care and maintenance; activities of daily living, including personal hygiene; shopping; money management; medication management; socialization; relationship building; participation in community activities; and goal attainment.</p>		
2	Provider Requirements /	Be age 18 or older, have a high school diploma or GED, plus one year experience working with individuals with		

#	Category	Standard	Provisional Standard	Notes/Comments
	Qualifications	mental health disorders or co-occurring mental health and substance use disorders.		
3	Staffing Requirements	<p>Successfully complete the DBHDID approved training program as referred to in 908 KAR 2:250 within six months of hire.</p> <p>During each subsequent year of employment, a community support associate shall complete and maintain documentation of a minimum of six (6) hours of training or continuing education.</p>		Includes caseload size, team composition, training and continuing education requirements, etc.
4	Supervision Requirements	<p>A physician, a psychiatrist, a LP, a LPP, a LPA working under the supervision of a LP, a LCSW, a LPCC, a LMFT, an APRN, a Physician's Assistant, a CSW under the supervision of a LCSW, a LPCA under the supervision of a LPCC, a MFAT under the supervision of a LMFT, a Licensed Professional Art Therapist, a Licensed Professional Art Therapy Associate under the supervision of a LPAT, a Licensed Behavior Analyst, or a Licensed Assistant Behavior Analyst under the supervision of a LBA.</p> <p>If providing services through a CMHC, may also be supervised by a Psychiatric Nurse or a Professional Equivalent (CADC eligible as a Professional Equivalent as approved by Medicaid through a prescribed application process-as described in 907 KAR 1:044)</p> <p>Must meet in person for individual supervision at least twice per month. Each supervision session must be at least 30 minutes in length and be documented in writing.</p>		

#	Category	Standard	Provisional Standard	Notes/Comments
		The supervisor shall maintain a written record of supervision that is dated and signed by the supervisor for each meeting and includes a description of the supervision session that specifies the topics discussed, any specific action to be taken, an update for any issue previously discussed that required follow-up, and a plan for additional training needs if identified.		
5	Admission Criteria	A child or adult who has a primary mental health disorder or a co-occurring mental health and substance use disorder diagnosis.		
6	Service Planning / Documentation	Community Support Services must be coordinated within the context of a comprehensive individualized treatment plan which is developed through a person centered process. Community Support Services must be identified on each client's treatment plan as a modality to address one or more goal/objective. Each service provided shall be documented in the client record. This documentation shall substantiate the service provided. Documentation shall include the type of service provided, the date of service, time of service, place of service and person providing the service. The documentation shall be signed by the person providing the service. Each community support service shall be directly related to each client's treatment plan and each service note will reflect that.		
7	Continued Stay Criteria	The desired outcome or level of functioning has not been restored, improved or sustained over the time frame outlined in the individual person centered treatment plan, OR the individual continues to be at risk for relapse based on current clinical assessment, history, or the tenuous nature of the functional gains. In addition, the individual has achieved current goals on their individualized treatment plan and additional goals are		

#	Category	Standard	Provisional Standard	Notes/Comments
		indicated as evidenced by documented symptoms, OR the individual is making satisfactory progress toward meeting goals and there is documentation that supports that continuation of this service will be effective in addressing the goals outlined in the treatment plan, OR the individual is making some progress but the specific interventions identified in the treatment plan need to be modified so that greater gains which are consistent with the individual's premorbid level of functioning are possible, OR the individual fails to make progress, demonstrates regression, or both in meeting goals through the interventions identified in the treatment plan, and the individual should be reassessed and recommendations revised to possibly include alternative or additional services.		
8	Discharge Criteria	The individual's level of functioning has improved with respect to the goals/objectives outlined in the individualized person centered treatment plan, OR the individual has achieved positive life outcomes that support stable living in the community and is no longer in need of community support services, OR the individual is not making progress or is regressing and all reasonable strategies and interventions have been exhausted, indicating a need for more intensive services, OR the individual no longer wishes to receive community support services.		
9	Service Setting	Community Support Services may be provided in the client's home or in other community locations.		Documentation must include Site of service
10	Service Limitations / Exclusion	Community Support Services are non-clinical services. They are provided as an adjunct to clinical services. Cannot be provided in a group home, family care home or other staffed residence. Cannot be provided in a day		

#	Category	Standard	Provisional Standard	Notes/Comments
		<p>program environment.</p> <p>Services are limited to no more than twelve (12) units (3 hours) per day, per client.</p>		
11	Unit of Service	Quarter Hour Units – 15 minutes.		
12	Service Codes	<p>HCPC Codes: H2014; H2015; H2021</p> <p>DBHDID Code: 257</p> <p>“Mental Health Only” Service in Medicaid SPA</p>		
13	Program Evaluation / Quality Improvement	<p>No fidelity scale for this service available.</p> <p>Should monitor this service using these service standards.</p>		
14	Program Principles	Must be provided using principles of recovery and resilience.		